Plymouth State University
VA INFORMATION SHEET

Plymouth State University
Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345
Fax (603) 535-2724

NAME: _____
LAST FIRST M.I.

DATE OF BIRTH: _____
month/day/year ie: MM/DD/YEAR

PSU Student ID (if known): _____

Are you on ACTIVE DUTY now? ☐ Yes or ☐ No

Address (you want VA to have) _____

S.S. #: _____

_____

VA File#: _____
(For Chapter 35 Recipients and Chapter 33 TOE Recipients)

Home phone #: _____

Local Phone#: _____

Email address to be shared with the VA: _____

Did you receive VA Education Benefits at any previous institution? *(please check one)* ☐ Yes or ☐ No

*If yes, Please indicate last school attended while receiving benefits:*_____

Which benefit do you wish to be certified for: (to determine this, please go to the VA's website at ***http://www.gibill.va.gov/***)
(Please check one)

☐ A. **Chapter 30**
MGIB-AD
Montgomery GI Bill – Active Duty

☐ B. **Chapter 31**
VA Vocational Rehabilitation

☐ C. **Chapter 32**
VEAP – Post-Vietnam Veteran's Educ. Assist.

☐ D. **Chapter 33**
Post 9/11 GI Bill

☐ E. **Chapter 35**
DEA - Survivors & Dependents Educ. Assist.

☐ F. **Chapter 1606**
MGIB-SR
Montgomery GI Bill – Selected Reserve
(Reserves or Nat'l Guard)

☐ G. **Chapter 1607**
REAP – Reserve Educ. Assist. –
Activated Reserves or Nat'l Guard
having served under Title 10 Contig. Oper.

Other: _____
(If we have not given you a choice of the benefit you believe you need to be certified for, please explain!)

Please indicate the semesters/terms you wish to receive benefits for and the credits you *expect to take* for each:

UNDERGRADUATE

	Year	***# anticipated credits?***
Fall	20___	____
Winter	20___	____
Spring	20___	____
Summer	20___	____

Other (please explain): _____

GRADUATE

	Year	***# anticipated credits?***
Fall	20___	____
Winter	20___	____
Spring	20___	____
Summer	20___	____

Other (please explain): _____

Are you/do you expect to be enrolled in any courses that do not last the full length of the semester? ☐ Yes or ☐ No

Please be aware that we must certify your actual course attendance dates for each individual course, not the standard semester/term dates. This will affect the amount of money the VA will award you for the month! These dates are frequently different for *online* courses and *Graduate* courses. Once reported to the VA, they will determine what their regulations specify for your monthly award.

□ I am aware that changes in my registration may alter the payment the VA will award me, and that I will be liable for any overpayments.
□ I will notify the Certifying Official immediately, in writing, of any changes that I make to my schedule, so that this can be reported to the VA in a timely manner.

Student Signature: _____ Date: _____